Total Minus Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

FORM PTO-875 (Rev. 12/02)

\*U.S. Government Printing Office: 2003-489-464/79011

Patent and Tredemark Office, U.S. DEPARTMENT OF COMMERCE

OR

OR

OR

OR

X\$18=

X84=

+280=

ADDIT. FEE

X\$ 9=

X42=

+140=

ADDIT FEE

TOTA

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.